

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 1070541

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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6						
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8						
9						
10		2				
11		2				
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50						
TOTAL IND.	2					
TOTAL DEP.	2					
TOTAL CLAIMS	9					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						